

## SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

## 1. Article Addressed to:

Warden Collins  
c/o Montgomery City Jail  
P. O. Drawer 159  
Montgomery, Al. 36101-0159

OSC 1676

## 2. Article Number

(Transfer from service label)

7004 2510 0001 0150 5931

## COMPLETE THIS SECTION ON DELIVERY

## A. Signature

X

*J. J. Gamm*

☐ Agent

☐ Addressee

## B. Received by (Printed Name)

## C. Date of Delivery

## D. Is delivery address different from item 1?

If YES, enter delivery address below:

☐ Yes

☐ No

## 3. Service Type

☒ Certified Mail

☐ Express Mail

☐ Registered

☒ Return Receipt for Merchandise

☐ Insured Mail

☐ C.O.D.

## 4. Restricted Delivery? (Extra Fee)

☐ Yes

**SENDER: COMPLETE THIS SECTION**

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1. Article Addressed to:

Officer Hunter  
c/o Montgomery City Jail  
P. O. Drawer 159  
Montgomery, Al. 36101-0159

050676

2. Article Number

(Transfer from service label)

PS Form 3811, February 2004

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature

X

B. Received by (Printed Name)

☐ Agent☐ Addressee

C. Date of Delivery

D. Is delivery address different from item 1?

☒ Yes☐ No

If YES, enter delivery address below:

3. Service Type

☒ Certified Mail☐ Express Mail☐ Registered☒ Return Receipt for Merchandise☐ Insured Mail☐ C.O.D.

4. Restricted Delivery? (Extra Fee)

☐ Yes

7004 2510 0001 0150 5917

Domestic Return Receipt

102595-02-M-1540

**SENDER: COMPLETE THIS SECTION**

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1. Article Addressed to:

Officer Knight  
c/o Montgomery City Jail  
P. O. Drawer 159  
Montgomery, AL 36101-0159

050676

2. Article Number  
(Transfer from service label)

7004 2510 0001 0150 5900

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature

X

B. Received by (Printed Name)

C. Date of Delivery

D. Is delivery address different from item 1?

If YES, enter delivery address below:

☒ Yes  
☐ No

3. Service Type

- ☒ Certified Mail    ☐ Express Mail  
☐ Registered    ☐ Return Receipt for Merchandise  
☐ Insured Mail    ☐ C.O.D.

4. Restricted Delivery? (Extra Fee)

☐ Yes

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## 1. Article Addressed to:

Ms. Crawford, Supervisor  
c/o Montgomery City Jail  
P. O. Drawer 159  
Montgomery, Al. 36101-0159

OSW 676 emp

2. Article Number  
(Transfer from service label)

7004 2510 0001 0150 5894

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

**COMPLETE THIS SECTION ON DELIVERY**

## A. Signature

X

*[Signature]*

☐ Agent  
☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

D. Is delivery address different from item 1? ☐ Yes  
If YES, enter delivery address below: ☐ No

## 3. Service Type

☒ Certified Mail ☐ Express Mail  
☐ Registered ☒ Return Receipt for Merchandise  
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee) ☐ Yes

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1. Article Addressed to:

7005 SEP -2 A 9:  
Officer Marshall  
c/o Montgomery City Jail  
P. O. Drawer 159  
Montgomery, AL 36101-0159

050676

2. Article Number  
(Transfer from service label)

7004 2510 0001 0150 5924

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature

X

B. Received by (Printed Name)

☐ Agent☐ Addressee

C. Date of Delivery

D. Is delivery address different from item 1?

☐ Yes

If YES, enter delivery address below:

☐ No

3. Service Type

☒ Certified Mail☐ Express Mail☐ Registered☒ Return Receipt for Merchandise☐ Insured Mail☐ C.O.D.

4. Restricted Delivery? (Extra Fee)

☐ Yes